



SHIBUYUNJI TOWN COUNCIL
DEPARTMENT OF PLANNING

THE DIRECTOR HEALTH
SHIBUYUNJI DISTRICT MEDICAL OFFICE
P.O BOX
LUSAKA.

DATE.....

MEDICAL EXAMINATION OF FOOD HANDLERS

Name.....Sex.....Age..... Height.....cm Weight.....kg

The above mentioned person is a Food Handler of

Kindly examine him/her whether is fit to handle food for public consumption.

Mental state.....Physique.....Occupation.....

1. Urine.....
2. Stool.....
3. Sputum.....
4. X-Rays.....
5. Tonsils.....
6. Skin.....
7. Teeth.....
8. Others.....

Doctor/Clinical Officer's Remarks.....

Doctor's Signature.....Date.....

EHO/Health Inspector's Comments: Personal Cleanliness Good/Fair/poor

NOTE: Medical examination to be done at Government Hospital/Clinic and forms must remain at the Hospital/clinics or returned to Shibuyunji Medical Office.